EXISTING CONDITIONS FOR RESIDENTIAL ALTERATIONS

CERTIFICATE OF VERIFICATION	CF3R-EXC-20-H
Existing Conditions for Residential Alterations	(Page 1 of 4)
Project Name:	CF1R-PRF Calculation Date/Time:
CF1R-PRF Calculation Description:	CF1R-PRF Input File Name:

A. General Information

01	Project Name:				
02	Calculation Description:				
03	Project Location:				
04	CA City:		05	Standard Version:	
06	Zip code:		07	Compliance Manager Version:	
08	Climate Zone:		09	Software Version:	
10	Building Type:		11	Building Front Orientation (deg)	
12	Project Scope:		13	Number of Dwelling Units:	
14	Total Conditioned Floor Area(ft^2):		15	Number of Zones:	
16	Slab Area (ft^2):		17	Number of Stories in Building:	
18	Addition Conditioned Floor Area (ft^2):		19	Natural Gas Available? (Yes/No):	
20	Addition Slab Area (ft^2):		21	Glazing Percentage (%):	

B. Opaque Surfaces

01	02	03	04	05	06	07	08
Name	Zone	Existing Conditions	Surface Type	Azimuth	Orientation	Total Cavity R-value	Verification

09	Verification Status:	
10	Correction Notes:	

C. Attic

01	02	03	04	05	06	07	08
Name	Construction	Roof Rise	Roof Reflectance	Roof Emittance	Radiant Barrier	Cool Roof	Verification

09	Verification Status:	
10	Correction Notes:	

For information and data collection only. Not valid until registered with a HERS provider

Registration Number: Registration Date/Time: HERS Provider:

D. Windows

01	02	03	04	05	06	07	08
Name	Azimuth	Multiplier	Area (ft^2)	U-factor	SHGC	Exterior Shading	Verification

09	Verification Status:	
10	Correction Notes:	

E. Doors

01	02	03	04	05
Name	Azimuth	Area (ft^2)	U-factor	Verification

06	Verification Status:	
07	Correction Notes:	

F. Overhangs & Fins

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
	Overhang					Left Fin				Right Fin				
Window	Overhang Depth	Dist. Up	Left Ext.	Right Ext.	Flap Ht	Depth	Top Up	Dist (Left)	Bottom Up	Depth	Top Up	Dist (Right)	Depth	Verification

16	Verification Status:	
17	Correction Notes:	

G. Water Heaters

01	02	03	04	05	06	07	08	09
Name	Heater Element Type	Tank Type	Tank Volume (gal)	Energy Factor or Efficiency	Input Rating	Tank Exterior Insulation R-value	Standby Loss (Fraction)	Verification

10	Verification Status:	
11	Correction Notes:	

H. Water Heating

01	02	03	04	05
Name	Distribution Type	Number of Heaters	Solar Savings Fraction	Verification

06	Verification Status:	
07	Correction Notes:	

I. HVAC – Heating Systems

01	02	03	04
Name	Type	Efficiency	Verification

05	Verification Status:	
06	Correction Notes:	

J. HVAC – Cooling Systems

01	02	03	04	05
Name	System Type	EER	SEER	Verification

06	Verification Status:	
07	Correction Notes:	

K. HVAC Distribution

01	02	03	04	05
Name	Duct R-Value	Supply Duct Location	Return Duct Location	Verification

06	Verification Status:	
07	Correction Notes:	

L. Determination of HERS Verification Compliance

All applicable sections of this document shall indicate compliance with the specified verification protocol requirements in order for this Certificate of Verification as a whole to be determined to be in compliance.

01	

Registration Number: Registration Date/Time: HERS Provider:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Verification documentation is accurate and complete.	
Documentation Author Name:	Documentation Author Signature:
Company:	Date Signed:
Address:	CEA/HERS Certification Information (if applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Verification is true and correct.
2. I am the certified HERS Rater who performed the verification identified and reported on this Certificate of Verification (responsible rater).
3. I field inspected the existing building features, materials, components, manufactured devices, or system performance characteristics proposed for compliance credit for energy efficiency improvement identified on this Certificate of Verification and determined these existing building features, materials, components, manufactured devices, or system performance characteristics qualify for the proposed existing conditions compliance credit unless reported as not qualified in verification status and correction notes fields on this Certificate of Verification.
4. I will ensure that a registered copy of this Certificate of Verification shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a registered copy of this Certificate of Verification is required to be included with the documentation the builder provides to the building owner at occupancy.

HERS RATER INFORMATION	
HERS Rater Company Name:	
Responsible Rater Name:	Responsible Rater Signature:
Responsible Rater Certification Number w/ this HERS Provider:	Date Signed:

CF3R-EXC-20-H User Instructions

A. General Information
Rater should verify this information to the best of their ability. Any questions or deviations should be indicated in the Verification Status row.

B. Opaque Surfaces
Existing roof type, R-value above deck and R-value below deck should all be verified.

C. Attic
Existing dwelling unit, frame type, area, u-factor, and R-values should all be verified.

D. Windows
Existing dwelling unit, surface type, frame type, area, u-factor, and R-values should all be verified.

E. Doors
Existing wall type, frame type, area, u-factor and R-values, should all be verified.

F. Overhangs & Fins
All columns of this section should be verified.

G. Water Heaters
All columns of this section should be verified.

H. Water Heating
All columns of this section should be verified.

I. HVAC – Heating Systems
All columns of this section should be verified.

J. HVAC – Cooling Systems
All columns of this section should be verified.

K. HVAC Distribution
All columns of this section should be verified